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Attorney's Docket 041050-0290732
Client Reference: US-P1565

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION of:
KOYAMA et al.

Confirmation No: 8490

Application No.: 10/086,196

Group Art Unit: 2612

Filed: March 1, 2002

Examiner: Luong T. Nguyen

Title: CAMERA

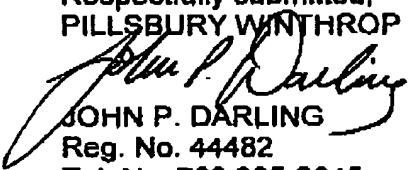
Commissioner for Patents
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Alexandria, VA 22313-1450

**CERTIFICATION OF FACSIMILE TRANSMISSION
UNDER 37 C.F.R. §1.8**

I hereby certify that the following papers are being transmitted by
facsimile to Examiner Luong T. Nguyen at the Patent and Trademark Office
at (571) 273-8300 on the date shown below:

- Fee Transmittal
- Request for Correction of Inventorship
- Amendment Transmittal
- Amendment

Respectfully submitted,
PILLSBURY WINTHROP SHAW PITTMAN LLP


JOHN P. DARLING
Reg. No. 44482
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McLean, VA 22102
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Fax No. 703 905-2500

Date: September 23, 2005

TOTAL NUMBER OF PAGES IN FACSIMILE: 15

30553168v1

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|--|---|--|
| Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 | | Complete if Known Application Number <u>10/086,196</u> Filing Date <u>March 1, 2002</u> First Named Inventor <u>TAKASHI KOYAMA</u> Examiner Name <u>Luong T. Nguyen</u> Art Unit <u>2612</u> Attorney Docket No. <u>041050-0290732</u> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | TOTAL AMOUNT OF PAYMENT (\$) <u>130</u> | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

☒ Deposit Account Deposit Account Number 033975 Deposit Account Name PILLSBURY WINTHROP SHAW PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayment(s)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims - 20 or MP = Extra Claims x Fee (\$) = Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims - 3 or MP = Extra Claims x Fee (\$) = Fee Paid (\$)
 MP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(u).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof x Fee (\$) = Fee Paid (\$)
 (round up to a whole number) x 250.00 =

4. OTHER FEE(S)

Non-English Specification. 130 (no small entity discount)

Other: Correction in Inventorship

Fee Paid (\$)

130.00

| | | | |
|---------------------|------------------------|-----------------------------------|---------------------------|
| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone |
| Signature | <u>John P. Darling</u> | <u>44482</u> | <u>703905.2045</u> |
| Name (Print/Type) | <u>John P. Darling</u> | Date | <u>September 23, 2005</u> |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | | |
|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4311) FEE TRANSMITTAL for FY 2005 | | Complete if Known Application Number <u>10/086,196</u> Filing Date <u>March 1, 2002</u> First Named Inventor <u>TAKASHI KOYAMA</u> Examiner Name <u>Luong T. Nguyen</u> Art Unit <u>2612</u> Attorney/Doct. No. <u>041050-0290732</u> | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) <u>130</u> | |

| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>033975</u> Deposit Account Name: <u>PILLSBURY WINTHROP SHAW PITTMAN LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |
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| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|-----------------------|--------------|-----------------------|--|-----------------------|---------------|--------------|--------------|--------------|---|----------|---|---------------|--|--|--|--|--|--|--|---------------|-------------|--------------|---|----------|---|---------------|---|--|--|--|--|--|--|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissues | 300 | 150 | 500 | 250 | 600 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | 360 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Total Claims</td> <td>- 20 or MP =</td> <td>Extra Claims</td> <td>x</td> <td>Fee (\$)</td> <td>=</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>MP = highest number of total claims paid for, if greater than 20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Indep. Claims</td> <td>- 3 or MP =</td> <td>Extra Claims</td> <td>x</td> <td>Fee (\$)</td> <td>=</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>MP = highest number of independent claims paid for, if greater than 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | Total Claims | - 20 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | MP = highest number of total claims paid for, if greater than 20 | | | | | | | Indep. Claims | - 3 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | MP = highest number of independent claims paid for, if greater than 3 | | | | | | |
| Total Claims | - 20 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MP = highest number of total claims paid for, if greater than 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | - 3 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="0"> <tr> <td>Total Claims</td> <td>- 20 or MP =</td> <td>Extra Claims</td> <td>x</td> <td>Fee (\$)</td> <td>=</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>MP = highest number of total claims paid for, if greater than 20</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Indep. Claims</td> <td>- 3 or MP =</td> <td>Extra Claims</td> <td>x</td> <td>Fee (\$)</td> <td>=</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>MP = highest number of independent claims paid for, if greater than 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | | | Total Claims | - 20 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | MP = highest number of total claims paid for, if greater than 20 | | | | | | | Indep. Claims | - 3 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | MP = highest number of independent claims paid for, if greater than 3 | | | | | | |
| Total Claims | - 20 or MP = | Extra Claims | x | Fee (\$) | = | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | | - 100 = | Extra Sheets | / 50 = | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | (round up to a whole number) x | 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, 130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other, Correction in Inventorship | | | | | | | 130.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-------------------|------------------------|-----------------------------------|--------------------|
| SUBMITTED BY | | | |
| Signature | <u>John P. Darling</u> | Registration No. (Attorney/Agent) | 44482 |
| Name (Print/Type) | John P. Darling | Telephone | 703905.2043 |
| | | Date | September 23, 2005 |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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KOYAMA et al.

Confirmation Number: 8490

Application No.: 10/086,196

Group Art Unit: 2612

Filed: March 1, 2002

Examiner: Luong T. Nguyen

For: CAMERA

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT/RESPONSE TRANSMITTAL**

Transmitted herewith is an amendment/response for this application.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE |
|--|---|---------------------------------------|------------------|------|---------------------|
| TOTAL | 9 | - | 63 | = 0 | \$ 50.00 = \$ 0.00 |
| INDEP. | 5 | - | 17 | = 0 | \$ 200.00 = \$ 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$ 360.00 = \$ 0.00 |
| TOTAL ADDITIONAL CLAIM FEE | | | | | \$ 0.00 |
| GRAND TOTAL | | | | | \$ 0.00 |

30553167v1


KOYAMA et al. - - 10/086,196
Attorney's Docket: 041050-0290732

FEE PAYMENT

Authorization is hereby made to charge the amount of \$0.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: September 23, 2005

PILLSBURY WINTHROP SHAW PITTMAN LLP
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McLean, VA 22102
Tel. No. 703 905.2000
Fax No. 703 905.2500


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Tel. No. 703 905.2045

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